

**FY2008 Application**  
**General Operating Support II Program**  
**Intent to Apply Deadline: December 15, 2006 (REQUIRED)**  
**Application Deadline: January 15, 2007**

**This form must be typed. No handwritten applications will be accepted.** Please also refer to the guidelines/instructions.

<b>APPLICANT INFO.</b>  US House District _____  KY Senate District _____  KY House District _____  To lookup district info, use <a href="http://www.vote-smart.org">www.vote-smart.org</a> or call your County Clerk's office.	Organization Name	Federal Employer ID #
	Street Address	
	City	State    Zip Code - Plus 4    County
	Web address                      Email address	
	Daytime Phone #                      Second Phone #                      FAX #	
	Director/Administrator Salutation    Director/Administrator Name & Title <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
<b>PROPOSAL</b>	Project Title (short phrase) Operating Support	
	Project Begin Date 07/01/2007	Project End Date 06/30/2008
	Total KAC funding Last Year (all categories):	
	# of Individuals who will benefit:                      # of Artists Participating: Youth                      Adult	
	Contact Person Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	
	Contact Person Name & Title                      E-Mail	
	Phone #                      Fax #	
<b>Applicant Status</b> _____	Please choose <b>ONE</b> : 02   Organization - Non-Profit    07   Government - County    09   Government - Tribal 06   Government - Regional    08   Government - Municipal    99   None of the Above	
<b>Grantee Race / Ethnicity:</b>  Check only One <input type="checkbox"/> that best represents 50% or more of staff or board or membership (not audience)	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White	

<b>KAC Staff Use ONLY</b>		
FY: 2008	APP #: _____	CLIST #: _____
App Status: _____	App Institution: _____	App Discipline: _____
Project Disc: _____	Activity: 11	Project Race: 99
AIE Percent: _____	AIE Description: _____	Project Descriptors: N/A
Grant Program: GOSII	Grantee Race: _____	Date Received: _____

<b>Applicant Institution</b> _____  If using paper version of this form, please refer to Application Instructions for code numbers.	Please choose <b>ONE</b> (click the "▲" to the left of a category to expand group information & obtain a code number.)  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           ▲ Community Organizations            ▲ Councils / Service Groups            ▲ Educational Institutions         </div> <div style="width: 30%;">           ▲ Media            ▲ Performing Groups            ▲ Venues/Presenters         </div> <div style="width: 30%; text-align: right;">           ▲ Other         </div> </div>		
<b>■ Please read and print instructions before completing the Organizational Financial Summary and Project Budget!</b>			
<b>Organizational Financial Summary</b> <i>( Round off all amounts to the nearest dollar. Make sure your figures agree with your attached financial statements and budget.)</i>			
Fiscal Year Ends _____	Last Year (Most recently completed fiscal year)	This Year (Projected)	Next Year (Projected)
Total Revenues	_____	_____	_____
Total Expenses	_____	_____	_____
Net (Revenues - expenses)	_____	_____	_____
<b>Total Net Assets</b>			

**Budget Notes:** In an attachment, provide budget notes to explain any major financial changes or deficits. If your organization currently has any debt, please describe it and any plans to eliminate the debt.

### ***Accessibility Check List***

List which of the following accessibility services your facility(ies) provides for persons with disabilities:

#### **For person with mobility disabilities:**

- |  |  |
|--|--|
| <input type="checkbox"/> Accessible-height telephones                                      | <input type="checkbox"/> Wheelchair-compatible outdoor paving                              |
| <input type="checkbox"/> Accessible-height drinking fountains                              | <input type="checkbox"/> Wheelchair-compatible indoor carpeting                            |
| <input type="checkbox"/> Accessible-height mirrors in restrooms                            | <input type="checkbox"/> Ramped access   |
| <input type="checkbox"/> Accessible-height paper towel dispensers in restrooms             | <input type="checkbox"/> Accommodations for wheelchair seating free of sight-line barriers |
| <input type="checkbox"/> Grab bars in restrooms  | <input type="checkbox"/> Accessible dressing rooms for performers with disabilities        |
| <input type="checkbox"/> Sufficient door width (26") for restrooms                         | <input type="checkbox"/> Accessible stage for performers with disabilities                 |
| <input type="checkbox"/> Ready information or signage regarding fully accessible restrooms | <input type="checkbox"/> Facility doors with electrical operating controls                 |

#### **For persons with visual disabilities:**

- |   |  |
|---|--|
| <input type="checkbox"/> Braille signage on restroom doors    | <input type="checkbox"/> Readily available large-print materials |
| <input type="checkbox"/> Braille signage on elevator controls | <input type="checkbox"/> Audio description                       |
| <input type="checkbox"/> Braille room numbers                 | <input type="checkbox"/> Taped text                              |
| <input type="checkbox"/> Braille exit signs                   |  |

#### **For persons with hearing disabilities:**

- |  |  |
|--|--|
| <input type="checkbox"/> Assistive listening systems       | <input type="checkbox"/> Telecommunications devices (TDDs) |
| <input type="checkbox"/> Hearing aid-compatible telephones | <input type="checkbox"/> Sign language interpretation      |
| <input type="checkbox"/> Captioning                        |  |

#### **For persons with speech disabilities:**

- |   |  |
|---|--|
| <input type="checkbox"/> Computer terminals           | <input type="checkbox"/> Speech synthesizers |
| <input type="checkbox"/> Computer communication board |  |

#### **Other accommodations:**

- ☐ Notice in publicity materials of availability of access services for person with disabilities (e.g. sign language interpretation, audio description, etc.)
- ☐ Sensitivity training concerning persons with disabilities for staff
- ☐ Sensitivity training concerning persons with disabilities for volunteers
- ☐ Sensitivity training concerning persons with disabilities for board

## ***Instructions for Completing Narrative***

To assist panelists in reading your application, duplicate the number and heading of each subject and Performance Expectation (e.g. **1. Delivery**) before your response to that item. Place the organization's name and the words "General Operating Support Program I" in the upper right-hand corner of each page.

## ***Narrative Outline***

Please respond to the Introduction and each of the Performance Expectations on a total of not more than eight pages. Be sure to include complete information on each bulleted item, in the order below, in your narrative.

**Please note that the *Introduction* (Description of Your Organization and Community, etc.) will not be scored by the panel, and may be more briefly written than the Performance Expectations if necessary to meet the maximum eight-page limit on the narrative.**

## ***Introduction***

### **Description of Your Organization**

- Provide a brief overview of your organization's history and purpose, including its artistic objectives. If your organization is not solely an arts organization, describe the extent of its arts activities.
- Describe the facility/facilities your organization uses most often, including seating capacity or exhibition wall space. Indicate if you own or rent your facility/facilities, or if the use of the space is donated.
- Provide a brief timeline listing your planning and programming for last year and this year that demonstrates the year-round nature of your activities.
- Describe the characteristics of your board: its total size; ethnic or racial diversity; the average attendance at board meetings; number of meetings per year; the length of board terms; average tenure on the board; representative skills; and community groups represented on the board.
- Indicate if the board elects its own members or if the board is elected by the organization's membership. Indicate if your board has advisory committees, such as artist-advisory, civil rights or advocacy committees. Describe the board's major functions (e.g., fundraising, policy setting, etc.).
- Indicate how many full- and part-time paid staff you have, and their ethnic or racial diversity. Provide their titles and a brief description of roles and responsibilities.
- Indicate approximately how many volunteers you have. List the kinds of activities in which volunteers are involved, and their ethnic or racial diversity.
- Estimate how many artists were involved last year in providing services for your programs as exhibitors, performers, costumers, guest directors, consultants, et al., either paid or unpaid.
- Indicate if your organization has operated without a deficit in recent years. If your organization has a deficit or other financial problems, please describe them and your plans to restore the organization to financial health.
- Indicate if your organization has an accumulated cash surplus or operating reserve, and if so, how much.

### **Description of Your Community and Audience(s)**

- Describe your community, its demographics, and its artistic environment.
- Describe your organization's service area; meaning the area you primarily serve.
- Describe your audience (e.g. artists, general public, children). If your organization serves different audiences, describe each.
- Provide total attendance figures or the number of participants in your programs for last year; separating paid from free attendance. Give examples of typical attendance figures at individual events.
- Indicate if you have members or subscribers. If so, indicate the membership categories and how many in each.

### ***Performance Expectations***

#### **1. Delivery (40%)**

- Describe the ways in which you plan for the organization's administration and programming, including attention to organizational capacity and provision/allocation of resources. Indicate who is involved in that planning.
- Describe the means your organization will use to determine and ensure artistic and/or programming quality.
- Describe your policies and procedures for ensuring fiscal control and responsibility. Explain how the board will be involved in financial review and how often financial plans will be reviewed.
- Describe what efforts your organization will make to obtain new sources of funding, including planned fundraising activities, such as benefit events and membership drives.
- Describe the methods your organization will use for the data collection, analysis and maintenance necessary for the organization's efficient arts delivery and participation building.
- Describe the methods by which your organization will assess its programs. Give specific examples. Include your criteria for measuring success and who will be involved in the assessment of your programs.

#### **2. Networking and Collaborations (30%)**

- Describe how the organization will be involved in, or cooperate with, local arts and non-arts organizations.
- Describe the programs or services you will provide that promote lifelong learning, and their benefit to schools and educators.
- Describe how the organization will involve, or cooperate with, artists, particularly local or Kentucky artists.
- Describe how the organization will be involved in, or cooperate with, statewide organizations and/or membership organizations

### **3. Diversity (15%)**

- Describe what efforts your organization will make to build diversity in the organization's leadership and program participants. (Diversity, as understood by the Arts Council, should promote positive relations among the state's various communities including: persons of minority ethnic and racial groups; persons with disabilities; geographically or economically isolated communities; disadvantaged and at-risk persons; the elderly; institutionalized persons; women; and the gay, lesbian and transgender community.)
- Describe how the organization will promote diverse arts and culture.
- Give specific examples of any of your programs or services that will take your artistic product to new or broader audiences (e.g., touring, partnerships, special programming, residencies, etc.). Indicate what groups you plan to reach with these programs.
- Describe your programming plans for inclusion of, and outreach to, underserved populations and persons with disabilities.

### **4. Value/Role of the Arts (15%)**

- Describe your understanding of the community's need for the arts, and how the organization will respond to that need.
- Describe how the organization's programs and partnerships will provide public value; meaning positive impact on the community, such as cultural enhancement, community identity, economic development, etc.
- Describe how you plan to distribute information about your programs, including your marketing or audience development strategy/strategies.
- Describe the organization's arts and/or arts education advocacy strategies. Explain how your organization will be involved in the public life of your community, and how you plan to involve your public officials in the activities of your organization.

### **Mailing Address for Completed Application**

Kentucky Arts Council  
21<sup>st</sup> Floor, Capital Plaza Tower  
500 Mero Street  
Frankfort, KY 40601-1987

## ***Application Checklist***

**Include this application checklist as the first page of your application package.**

Your application is not complete and will not be reviewed for funding if it does not include the following mandatory information:

**One signed original:**

- ☐ General Operating Support Program II Application and narrative

**Three copies** of the following, clearly separated from your Application, and placed in the following order:

- ☐ Resumes of chief administrator and artistic director
- ☐ Board list with the business or community affiliations of members noted, and officers identified (2 pages maximum)
- ☐ Organizational chart
- ☐ Financial Statement, or Audit for most recently completed fiscal year (in 8 ½" x 11" format)
- ☐ Operating Budget
- ☐ Supporting materials such as artists' resumes, letters of support, favorable reviews, sample programs, organizational brochures, subscription or membership brochures, CDs, videos and/or cassette tapes, exhibit catalogues, etc. It is recommended that supporting materials be limited to 15 pages/pieces of any combination of the above. Letters of support, reviews, and other photocopied materials must be on standard-size (8 ½" x 11"), single-sided white paper only.
- ☐ Long-range or other type of strategic plan
- ☐ Development or fundraising plan

**One copy** of the following:

- ☐ Copy of IRS Determination Letter (To assist the Kentucky Arts Council in updating its files, all applications must provide their IRS Determination Letter.)
- ☐ Name and contact information of the board member who will be the advocacy contact for the organization's board.
- ☐ Name and contact information of the accessibility coordinator for the organization.

**If you would like acknowledgement of receipt of your application please enclose a:**

- ☐ self-addressed, and stamped #10 envelope **OR**
- ☐ provide an email address: \_\_\_\_\_

**If you would like return of support materials, please enclose a:**

- ☐ self-addressed, AND stamped mailer (minimum 6" x 9")

## ***Application Signature***

*I certify that I am legally authorized to submit this application on behalf of the applicant organization and that all statements and enclosures herein are true and complete to the best of my knowledge.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
**All signatures must be in RED ink.**

Applicant (Typed Name) \_\_\_\_\_ Title \_\_\_\_\_